

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>A. B...</i>		08-20-01
O.I.P.E. CLASSIFIER		10	8-30-01
FORMALITY REVIEW	<i>SH</i>	1035	9-24-01
RESPONSE FORMALITY REVIEW	<i>SG</i>	1077	11/15/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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*30871*  
*03/24/03*  
*REG-30871*  
*01/18/02*